

CSAT Baseline Meeting Satisfaction Survey

CENTER FOR SUBSTANCE ABUSE TREATMENT
Customer Survey—CSAT Meeting

Please enter the Personal ID code you used on the consent form here _____.

Date of training, location (i.e., city, state), and topic will be pre-coded and entered in this area of the form.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this meeting?	1	2	3	4	5
2. How satisfied are you with the quality of the information/instruction from this meeting?	1	2	3	4	5
3. How satisfied are you with the quality of the meeting materials?	1	2	3	4	5
4. Overall, how satisfied are you with your meeting experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The meeting class was well organized.	1	2	3	4	5
6. The material presented in this meeting class will be useful to me in dealing with substance abuse.	1	2	3	4	5
7. I expect to use the information gained from this meeting.	1	2	3	4	5
8. I expect this meeting to benefit my clients.	1	2	3	4	5
9. This meeting was relevant to substance abuse treatment.	1	2	3	4	5
10. I would recommend this meeting to a colleague.	1	2	3	4	5

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
11. How useful was the information you received?	1	2	3	4	5

12. Please indicate which title best describes your job:
- | | | |
|--|---|---|
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Clinical Administrator/Manager | <input type="checkbox"/> Federal Government Official |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist | <input type="checkbox"/> County Government Official |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Counselor | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Manager Director | | |

13. Please indicate which best describes your agency or affiliation:

- Federal Government Substance Abuse Treatment Program
 State Government University or other Higher education institution
 County Government Other (please describe) _____
 Local Government

14. What is your gender? 1. Male 2. Female

15. Are you Hispanic or Latino? 1. Yes 2. No

16. What is your race (Mark all that apply)?

- Black or African American Alaska Native
 Asian American Indian
 White Native Hawaiian or Other Pacific Islander

What about the meeting/training was most useful in supporting your work responsibilities?

How can we improve our meetings/training?

Thank you for completing our survey.

Return your survey to the Survey Administrator for your Session.

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete the Contact Information Form and this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0197.

CSAT Follow-up Meeting Satisfaction Survey

CENTER FOR SUBSTANCE ABUSE TREATMENT

Customer Survey—Meeting Follow-up

Personal ID Code, date of training, location (i.e., city, state), and topic will be pre-coded and entered in this area of the form.

Please check here () if you have received this survey in error, (i.e., you did not attend the technical assistance listed above) and return the uncompleted survey in the enclosed postage-paid envelope.

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of the meeting?	1	2	3	4	5
2. How satisfied are you with the quality of the information/instruction?	1	2	3	4	5
3. How satisfied are you with the quality of the meeting materials?	1	2	3	4	5
4. How satisfied are you that the meeting was relevant to substance abuse treatment?	1	2	3	4	5
5. Overall, how satisfied are you with your meeting experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
6. The material presented in the meeting has been useful to me in consensus building.	1	2	3	4	5
7. The meeting enhanced my skills in this topic area.	1	2	3	4	5
8. The meeting was relevant to my career.	1	2	3	4	5
9. The meeting has enabled me to serve my clients better.	1	2	3	4	5
10. This meeting was relevant to substance abuse treatment.	1	2	3	4	5
11. I would recommend the meeting to a colleague.	1	2	3	4	5
12. I would take additional meeting from CSAT.	1	2	3	4	5

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
13. How useful was the information you received during the meeting/training?	1	2	3	4	5

	<u>Yes</u>	<u>No</u>
14. Did you share any of the information from the meeting with others?	1	2
15. Did you share any materials from the meeting with others?	1	2
16. Have you applied any of what you learned in the meeting to your work?	1	2

What about the meeting was most useful in supporting your work responsibilities?

How can we improve our meetings?

Thank you for completing our survey.

Return your survey in the enclosed reply envelope.

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